

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/506025 FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | 1 | | | |
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| 3 | 2 | | 2 | | | |
| 4 | 3 | | 3 | | | |
| 5 | 4 | | 5 | | | |
| 6 | 1 | | 0 | | | |
| 7 | 0 | | | | | |
| 8 | 0 | | | | | |
| 9 | 0 | | 0 | | | |
| 10 | 0 | | 0 | | | |
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| TOTAL DEP. | | | 10 | | | |
| TOTAL CLAIMS | | | 11 | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL IND. | | | | | | |
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